

Condominium/Co-operative Project Questionnaire Addendum

Deferred Maintenance and Special Assessments

Revised 7/8/2022

| Building Safety, Soundness, Structural Integrity, and Habitability | | | | |
|--|--|------------|---------------|--|
| 1. | When was the last building inspection by a licensed architect, licensed engineer, or any | | | |
| | other building inspector? If there has not been an inspection due to new(er) | | _// | |
| | construction, please enter construction complete date. | | | |
| 2. | Did the last inspection or any previous inspections have any findings related to the | | | |
| | safety, soundness, structural integrity, or habitability of the project's building(s)? | Yes | No | |
| | If new construction, please mark the following: N/A | | | |
| | If Yes, have recommended repairs/replacements been completed? | Yes | No/Pending | |
| | Are there any special assessments current or planned? (if yes, please complete question #7) | Yes | No | |
| | If no or repairs are pending, please provide description below with a timeline for complet | ion. Note: | a copy of the | |
| | inspection; HOA or cooperative board meeting minutes or other documentation sufficient to | | | |
| | be completed and action plan/timeline for completion can be provided in lieu of detailing re | pairs belo | W. | |
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| | | <u> </u> | | |
| | When will the repairs/replacements be completed? Date: | | | |
| | · · · | | | |
| 3. | Is the HOA/Cooperative Corporation aware of any deficiencies related to the safety, | | | |
| | structural soundness, structural integrity, or habitability that is not captured on an | ∐ Yes | No | |
| | inspection and have not been completed? | | | |
| | If yes, what are the deficiencies? | | | |
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| | When will the repair(s)/replacement(s) be completed? Date(s): | | | |
| 4. | Are there any outstanding violations of jurisdictional requirements (zoning ordinances, | | | |
| | codes, etc.) related to the safety, soundness, structural integrity, or habitability of the | | _ | |
| | project's building(s)? | Yes | No No | |
| | If yes, provide notice from the applicable jurisdictional entity. | | | |
| | If Yes, are such violation(s) expected to reoccur or extend into the future? (i.e. Zoning | | | |
| | concerns, ordinances, codes) | Yes | No No | |
| | If Yes, provide details of the applicable jurisdiction's requirement and the plan to remediate | the violat | ion | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | When will the repair(s)/replacement(s) be completed? Date(s): | | | |
| | STOP: If answer is "Yes" to any questions in 2-4, please complet | e nage 2 | | |
| | If "No" or "N/A", questions 5-8 may be omitted. SIGNATURE/DATE REQU | | DAGE 2 | |
| | II NO OF N/A, questions 5-8 may be omitted. SIGNATORE/DATE REQU | | PAGE Z | |
| | | | | |

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What are the terms and the purpose of the special assessment(s)? Has the HOA obtained any loans to finance improvements or deferred maintenance? Yes If yes, amount borrowed? \$ If yes, terms of repayment? **Additional Comments:**

Does the project have a plan and/or schedule for the deferred maintenance

Has the HOA/Cooperative Corporation had a reserve study completed on the project

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within the past 3 years? If yes, please provide reserve account balance(s) (Note:

Are there any current or planned special assessments unit owners/cooperative

components/items to be repaired or replaced?

reserve study does not need to be provided)

shareholders are/will be obligated to pay?

If yes, what is the total amount of the special assessment(s)?

If yes, provide the plan and/or schedule.

CERTIFICATION

The undersigned hereby certifies that to the best of his/her knowledge and belief that the information and statements contained on this form and any attachments are true and correct. The undersigned further represents that he/she is authorized by the Seller to provide this information on behalf of the Lender and is

HOA Representative Signature Date Name and Title of Preparer **Company Name**

Email

5.

6.

7.

8.

Telephone Number



Yes

Yes

Yes

\$

No

No

ΠNο

No